

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002164

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4600 Primary Registration District No. 559 Registrar's No. 20

1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

RURAL JOACHIM

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

JEFFERSON MEMORIAL HOSP.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

JEFFERSON

c. CITY
OR
TOWN

CRYSTAL CITY, MO.

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

310 ENGLAND AVE.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HENRY

D.

BARNETT

4. DATE
OF
DEATH

Month

Day

Year

1/27/1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

8/8/1920

9. AGE (last birthday)

42

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GLASS WORKER

10b. KIND OF BUSINESS OR INDUSTRY

P. P. GLASS

11. BIRTHPLACE (City and state or country)

CRYSTAL CITY, MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

CARL D. BARNETT

13b. MOTHER'S MAIDEN NAME

SALLEY SMITH

14. NAME OF HUSBAND OR WIFE

BERTHA MORICE CRYSTAL CITY, MO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

YES

W W *2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

1 1/2 hr

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

pulmonary disease - liver disease

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1963

to 1/27/63

and last saw her

him alive on

1/27/63

Death occurred at

6:30 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Arthur B. Diersky, D.O.

22b. ADDRESS

303 W. MAIN - Festus, Mo.

22c. DATE SIGNED

1/24/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

1/30/1963

23c. NAME OF CEMETERY OR CREMATORY

ROSELAWN GARDENS

23d. LOCATION (City, town, or county)

CRYSTAL CITY, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

POLITTE FUNERAL HOME CRYSTAL CITY, MO.

25. DATE RECD. BY LOCAL REG.

1-29-63

26. REGISTRAR'S SIGNATURE

D. A. Diersky

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FEB 20 1963

FEB 14 1963

FEB 27 1963

MAR 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No.

3481

P. O. Address

Cryptology, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.